

Hospital Registration Form



APRIL 26-28, 2016 | HYATT REGENCY DALLAS – REGISTRATION DEADLINE: APRIL 10

USE THIS FORM IF PAYING BY CHECK OR REGISTER ONLINE WITH CREDIT CARD

EARLY REGISTRATION – DEADLINE: APRIL 10	
<input type="checkbox"/> Member – \$250	
<input type="checkbox"/> Additional member(s) – \$200 x _____	
<input type="checkbox"/> Students – \$100 x _____	
<input type="checkbox"/> Non-member – \$350 x _____	
LATE/ONSITE REGISTRATION FEES	
<i>postmarked or received after April 10</i>	
<input type="checkbox"/> Member – \$275	<input type="checkbox"/> Non-member – \$375
x _____	x _____
TxCCO POPULATION HEALTH SUMMIT	
<input type="checkbox"/> Health Summit Fee – \$25 x _____	

ONE-DAY REGISTRATION FEES	
In advance or onsite, one-day only <i>(check day attending)</i>	
Member	Non-member
<input type="checkbox"/> Tuesday – \$80	<input type="checkbox"/> Tuesday – \$110
<input type="checkbox"/> Wednesday – \$130	<input type="checkbox"/> Wednesday – \$160
<input type="checkbox"/> Thursday – \$80	<input type="checkbox"/> Thursday – \$110

GOLF
\$99 each person
<input type="checkbox"/> Member Golf
x _____

SPOUSE/GUEST SOCIAL EVENT FEES
<i>Please check each event attending</i>
<input type="checkbox"/> Tuesday Reception – \$40
<input type="checkbox"/> Wednesday Luncheon – \$40
<input type="checkbox"/> Wednesday Reception – \$40

Total Amount Enclosed:

REGISTRATION INFORMATION MUST BE COMPLETE (*please type or print legibly*). **Conference registration fee is per person** and includes program, conference syllabus, conference tote bag, refreshments, two breakfasts, one luncheon, two receptions and full access to the Trade Show. If you require assistance or have special dietary needs, please contact the conference office.

TYPE OR PRINT NAME AS IT WILL APPEAR ON BADGE (<i>use separate sheet for any additional attendees</i>)	
Name 1: _____	Name 2: _____
Title: _____	Title: _____
Email: _____	Email: _____
Hospital/Organization: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone Number: _____	Fax Number: _____

<p>TO PAY BY CREDIT CARD, PLEASE REGISTER ONLINE AT: http://bit.ly/TORCH2016</p>	<p>MAIL CHECKS WITH REGISTRATION FORM TO: TORCH Conference, P.O. Box 203878, Austin, TX 78720-3878 OR 11675 Jollyville Road, Suite 300, Austin, TX 78759-4105 <i>Make checks payable to TORCH Annual Conference</i></p>
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THIS REGISTRATION IS FOR HOSPITALS ONLY. All other participants may attend the conference only as an exhibitor and/or as a sponsor (refer to the Exhibitor Prospectus for more information). To help us plan properly and ensure optimal processing of conference materials, complete and submit your registration as early as possible. You may pay by check or credit card. Cash is accepted for onsite registration only (receipts will be provided). Your registration cannot be processed without payment in full. Registrants unable to attend may send an alternate; please notify TORCH of any changes prior to the event. **For cancellation, notify us in writing prior to April 10, 2016.** Refunds, minus a \$25 processing fee, will be available for notices received by this date. No refunds will be issued for cancellations received after this date. TORCH reserves the right to cancel or reschedule the event if deemed necessary; or should a situation beyond the control of TORCH arise to prevent holding the conference, TORCH will not be held liable for any expenses incurred by the registrants, except for the registration fee, which would be refunded.